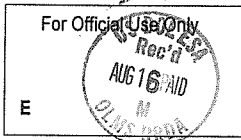


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8623</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>R</u> <u>DEJULIIS</u> P.O. Box, Bldg., Room No., if any Street <u>5901 HARFORD RD.</u> City <u>BALTIMORE</u> State <u>Maryland</u> ZIP Code + 4 <u>21214</u>	4. Name, file number, and address of labor organization. Name <u>IUOE LOCAL 37</u> Labor Organization File Number <u>024059</u> P.O. Box, Building and Room Number, if any Street <u>5901 HARFORD RD.</u> City <u>BALTIMORE</u> State <u>Maryland</u> ZIP Code + 4 <u>21214</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James R. DeJulius On 8-14-05 410-254-2030
Date Telephone Number

Name of Person Filing JAMES DEJULIIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Operating Engineers Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite C</u></p> <p>Street <u>5901 HARFORD RD.</u></p> <p>City <u>BALTIMORE</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>21214</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>OE Local 37 leases office space from OEPF @ \$2100.12 per month</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$25,201</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Indirect reimbursement of expenses for Int'l Foundation of Employee Benefit Plans conference:</u></p> <p><u>Car rental - \$ 648</u></p> <p><u>Hotel - 1088</u></p> <p><u>Meals - 206</u></p> <p><u>Conference in Novemeber 2003 - expenses paid January 2004.</u></p> <p>12.b. Amount. <u>\$1,942</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing JAMES DEJULIIS

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chartwell Investment Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1235 Westlake Drive - Suite 400

City Berwyn

State Pennsylvania ZIP Code + 4 19312

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5901 Harford Road - Suite C

City Baltimore

State Maryland ZIP Code + 4 21214

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Manages investments for Pension Fund

11.b. Approximate dollar value of such dealing.

\$42,010

12.a. Nature of interest held or income received.

Business meeting (dinner) January 7, 2004

12.b. Amount.

\$50

Name of Person Filing JAMES DEJULIIS

File Number U-

Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

OE Local 37 leases office space from OEPF @ \$2100.12 per month

11.b. Approximate dollar value of such dealing.

\$25,201

12.a. Nature of interest held or income received.

Conference registration fee paid directly to Investment Performance Services, 12 Penns Trail, Suite 132, Newtown, PA 18940. March 2004

12.b. Amount.

\$695

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File Number U-

Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

OE Local 37 leases office space from OEPF @
\$2100.12 per month

11.b. Approximate dollar value of such dealing.

\$25,201

12.a. Nature of interest held or income received.

Expenses for Investment Performance Services
conference - April 27 - May 1, 2004
Airfare - \$ 344
Car rental - 436
Hotel - 1401
Payment made directly to American Express

12.b. Amount.

\$2,181

Name of Person Filing JAMES DEJULIIS

File Number U-

Part B Continuation Page

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Name Operating Engineers Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5901 Harford Road - Suite C

City Baltimore

State Maryland ZIP Code + 4 21214

11.a. Nature of such dealing.

Manages investments for Pension Fund

11.b. Approximate dollar value of such dealing.

\$42,010

12.a. Nature of interest held or income received.

Dinner - IPS conference April 29, 2004

12.b. Amount.

\$77

Name of Person Filing JAMES DEJULIIS

File Number U-

Part B Continuation Page

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P.O. Box, Bldg., Room No., if any

Street 5901 Harford Road - Suite C

City Baltimore

State Maryland

ZIP Code + 4 21214

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☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

OE Local 37 leases office space from OEPP @ \$2100.12 per month

11.b. Approximate dollar value of such dealing.

\$25,201

12.a. Nature of interest held or income received.

Additional charge for airfare (IPS conference) billed June 2004 - paid directly to American Express

12.b. Amount.

\$100

Name of Person Filing James DeJuliis

File Number U-

Part B Continuation Page

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Street 5901 Harford Road - Suite C

City Baltimore

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9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

OE Local 37 leases office space from OEPF @ \$2100.12 per month

11.b. Approximate dollar value of such dealing.

\$25,201

12.a. Nature of interest held or income received.

Indirect reimbursement of expenses for American Alliance Conference - October 2004:

Hotel -	1840.00
Car rental -	299.00
Meals -	556.00

Payment made directly to American Express.

12.b. Amount.

\$2,695

Name of Person Filing JAMES DEJULIIS

File Number U-

Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

OE Local 37 leases office space from OEPF @ \$2100.12 per month

11.b. Approximate dollar value of such dealing.

\$25,201

12.a. Nature of interest held or income received.

Conference registration fee for American Alliance Conference. Paid directly to American Alliance Conference, 258 Saw Mill River Road, Elmsford, New York 10523.

12.b. Amount.

\$1,350